

SUBSISTENCE VENDOR CONTRACT DISCREPANCY REPORT

For use of this form, see DA PAM 30-22; the proponent agency is DCS, G4.

1. FROM		2. THRU		3. TO
4. DATE PREPARED (YYYYDDMM)		5. DELIVERY DATE (YYYYDDMM)		6. NAME OF PRIME VENDOR
7. DISCREPANCY	a. ITEM (s)	b. NSN(s)	c. VENDOR SKU # (s)	
	(1)			
	(2)			
	(3)			
	(4)			
d. NARRATIVE				
<hr/>				
8. REQUIRED INFORMATION				YES NO
(1) WAS THE SHIPMENT PARTIALLY OR COMPLETELY REJECTED?				<input type="checkbox"/> <input type="checkbox"/>
(2) WAS VETERINARY INSPECTION REQUESTED?				<input type="checkbox"/> <input type="checkbox"/>
(3) WAS THE VENDOR CUSTOMER REPRESENTATIVE CONTACTED?				<input type="checkbox"/> <input type="checkbox"/>
(4) IF CONTACTED DID RESPONSE CORRECT THE PROBLEM? (FPM)				<input type="checkbox"/> <input type="checkbox"/>
9. PREPARER				
a. NAME		b. PHONE NUMBER	c. SIGNATURE	d. DATE (YYYYMMDD)
10. FPM				
a. NAME		b. PHONE NUMBER	c. SIGNATURE	d. DATE (YYYYMMDD)